


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90503 049 \*\*\*150.00

**DOCUMENT # F02000005980**

1. Entity Name  
 TRACTEBEL NORTH AMERICA SERVICES, INC.



Principal Place of Business 1990 PAST OAK BLVD. SUITE 1900 HOUSTON, TX 77056	Mailing Address 1990 PAST OAK BLVD. SUITE 1900 HOUSTON, TX 77056
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2. Principal Place of Business <i>1990 Post Oak Blvd.</i>	3. Mailing Address <i>1990 Post Oak Blvd.</i>
Suite, Apt. #, etc. <i>Suite 1900</i>	Suite, Apt. #, etc. <i>Suite 1900</i>

04192005 Chg-P CR2E034 (10/03)

City & State <i>Houston, TX.</i>	City & State <i>Houston, TX.</i>
Zip <i>77056</i>	Zip <i>77056</i>
Country <i>HARRIS</i>	Country <i>HARRIS</i>

4. FEI Number  
25-1559012

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD UTT, WILLIAM P 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DUNNE, TIMOTHY R 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV KILPATRICK, RACHEL W 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRACE, KLAUDIA 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHATTNER, WERNER E 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rachel W. Kilpatrick - RACHEL W. KILPATRICK 4/25/05 713-636-1134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #